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Reshaping HRD in Light of the COVID-19 Pandemic: An Ethics of Care Approach

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Abstract

The Problem The COVID-19 pandemic has shone a stark light on workplace inequities and injustices. Aside from disrupting daily routines and ways of working, the pandemic has unmasked significant and troubling differences in the treatment and status of productive and reproductive labor. As we recover from the pandemic, how can workplaces properly recognize and value the contribution of reproductive labor?

The Recommendation We focus on ethics of care as a foundational aspect of learning and human development. Care is proximal and contextual and expressions of care require managers and HRD professionals to engage with and address employees' needs in a way that recognizes the complexity of individual situations. This may lead to the transformation of work and workplaces and bring employees into a more participatory, inclusive and democratic relationship with employers. We offer four suggestions for how HRD practitioners can practically embed an ethics of care approach within organizations.

The Stakeholders This article is relevant to human resource development (HRD) scholars and practitioners who are interested in building sustainable, caring and healthy workplaces in a post-pandemic world.

Keywords

ethics of care, reproductive labor, COVID-19, coronavirus, HRD

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Introduction

The rapid spread of the COVID-19 virus had a profound and immediate effect on organizations and workplaces worldwide. A collapse in consumer demand, supply chain volatility, and economic uncertainty resulted in many organizations fighting for their very survival. Because of lockdown restrictions, travel bans and social distancing coming into force along with the closure of non-essential businesses, many organizations had to move swiftly into the digital space, reconfiguring organizational systems and processes for remote working. With limited time to adjust to new working arrangements, many organizational leaders turned to Human Resource Development (HRD) practitioners for assistance to implement agile workforce strategies (Yawson, 2020). As agents of organizational change and experts in uncertainty (Mavin et al., 2007), HRD practitioners are strongly positioned to provide leadership and relevant advice in times of crises.

The responsiveness of HRD to the COVID-19 pandemic is testament that HRD is not a static field; it has interdisciplinary roots that allow it to incorporate theory and practice toward attaining the goal of improving learning at work. Early research contributions in the field compared HRD to an amoeba (Galagan, 1986) or octopus (McLean, 1998), recognizing HRD as a living and evolving field that draws upon a range of disciplines. It is also responsive and reactive to new challenges and circumstances. Indeed, in recent years, we have seen a significant expansion of HRD beyond the traditional provision of training and learning, toward examining how HRD can meaningfully contribute to broader political, social and economic goals (Callahan et al., 2017; Kim, 2012; MacKenzie et al., 2012; Wang, 2012). We can therefore assume that the COVID-19 pandemic has had and will continue to have a substantial and real effect on how Human Resource Development is conceived, framed, and delivered in the years to come.

In this article, we consider how HRD might respond to the challenges posed by the COVID-19 pandemic. We argue that an ethics of care approach offers the opportunity for a readjustment of core HRD values, which in turn, may enable a redesign and transformation of work practices. Although Gilligan (1982) is almost exclusively credited with conceptualizing an ethics of care approach as a perspective on moral reasoning, discussions of care in ethics date back to early Greek writings. The approach has also been addressed by renowned philosophers such as Kierkegaard and Heidegger (Reich, 2007). Yet, to date, with some notable exceptions (Armitage, 2018; Bass, 2009), little has been written applying an ethics of care approach within an HRD context. The article first identifies some of the contradictions, and particularly the troubling differences in the treatment and status of productive and reproductive labor, exposed by the COVID-19 pandemic and how these tensions have also emerged in the HRD literature. It then considers how an ethics of care frame can foster more inclusive decision-making and prioritize individual needs and relationality. Finally, we offer suggestions on how HRD practitioners can embed an ethics of care approach within organizations and explore how HRD may evolve as a field of applied practice to build sustainable, caring and healthy workplaces in a post-pandemic world.

Contradictions Exposed by the COVID-19 Pandemic

The capabilities of organizations and national governments to deal with the complexities arising from the COVID-19 pandemic has been significantly tested. The pandemic has been a significant accelerator for the increasing use of digitization and automation of work. It has showcased the potential for new communication technologies to enable many staff members to work effectively from home (Goldstein, 2020). Research by *Gartner* (2020) found that half of all companies had more than 80% of their employees working from home during the early stages of the coronavirus pandemic with few concerns raised over levels of productivity. Indeed, the pandemic led to significant changes in work practices and systems and cost savings from reduced utility and office space costs. Yet, for some workers, a lack of informal social engagement has increased loneliness and isolation and exacerbated mental health concerns (Carnevale & Hatak, 2020; Gao & Sai, 2020). Working from home during the pandemic has also exposed challenges related to psycho-social risks, psychological detachment from work and recovery and restoration from work-related stressors. Shumate and Fulk (2004) discuss the importance of home as a refuge from work and that the increase in remote working has blurred the boundaries between work and home. Chawla et al. (2020) identify the difficulty of *unplugging* and highlights the encroachment of work into private life and family space. Volman et al. (2013) argue that being able to switch off after work is critical to performance on subsequent work days, helping individuals exercise control over all aspects of their lives. During the COVID-19 pandemic, the lack of physical distance from the home working environment has made the clear distinction between work and life more difficult.

For many workers, the scars of the COVID-19 pandemic experience will have a long-term impact on their career outlook. Akkermans et al. (2020) categorize the pandemic as a “career shock” (p. 1), which can have a disruptive effect on an individual’s thought-processes concerning their career. They argue that while over time it may give rise to career exploration and change, it can also bring painful short-term consequences in terms of job losses, increased insecurity and reduced salary. Both Hite and McDonald (2020) and Spurk and Straub (2020) argue that gig workers are especially exposed to the career shock of the pandemic as they may not benefit from financial support mechanisms available to other categories of workers. Indeed, Rubery et al. (2018) argue that such workers often receive low pay, short-term contracts, insufficient and variable hours and limited access to training opportunities. Those most affected by layoffs are unskilled. In March and April 2020, in the U.S., affected industries were those dominated by blue-collar, hospitality, and production workers (Dmitrieva et al., 2020). While the long-term effects of the pandemic on the commodification of work remains uncertain, Spurk and Straub (2020) hope that it will support a discussion on how gig workers and those less skilled can achieve better employment conditions and job security in a post-pandemic world.

Throughout the coronavirus pandemic, there has been much discussion of the role of essential workers in the U.S. (Hu & Schweber, 2020; Malpani et al., 2020) or key workers in the U.K. (Francis-Devine, 2020; Office for National Statistics, 2020).

Nurses, care providers, cleaners, postal workers, delivery drivers and grocery store assistants, to name a few, often receive lower earnings despite having a higher exposure to the risks of contracting the coronavirus (Butcher, 2020; Hill, 2020). Indeed, the U.K. Health Minister, Matt Hancock, reported that the death rate of retail assistants was 75% higher among men and 60% higher among women than across the general population (House of Commons, 2020a). Research by Farquharson et al. (2020) shows that 60% of key workers are women, rising to almost 80% within the health and social care sector specifically. Furthermore, Sandher (2020) states that foreign-born immigrants in the U.K. are over-represented in key worker categories.

In the U.S., immigrants also represent disproportionately high shares of workers in several essential occupations such as healthcare. This fact has been underscored during the COVID-19 pandemic. Foreign-born workers have played a significant role in front-line pandemic response sectors (Batalova, 2020). These studies mirror a broader global trend whereby women and minorities bear the greatest responsibility for care work and where economic work is divided into productive and reproductive categories (Robinson, 2006). Böhm and Land (2012) classify productive labor as salaried labor that directly produces goods and services that add surplus economic value, whereas reproductive work does not necessarily add value, but “is necessary to ensure the daily maintenance and ongoing reproduction of the labor force” (Schutte, 2002, p. 138). Such classifications give rise to gendered roles and expectations about the ways in which men and women should contribute to work and society (Peters & Blomme, 2019). This leads Hartmann (1981) to conclude that “patriarchy rests fundamentally in men’s control over women’s labor power” (p. 15). These power inequalities extend to other marginalized groups creating further injustice at the intersections of gender, race, sexual orientation, religion, ability, and social class.

The COVID-19 pandemic has also exposed the inherent fragility of global supply chains and markets. Cascio (2014) argues that globalization over the last few decades has led to increased outsourcing to locations with cheap labor and plentiful natural resources. He extols the benefits of global labor markets brought about through foreign direct investment and employee mobility, and maintains that organizations of all types have become borderless to both their customers and employees. Yet, the pandemic has unmasked societal vulnerabilities to long-distance, international supply chains. Widespread factory closures and disruptions to distribution and transport networks accompanied by a sharp increase in demand for healthcare supplies (Khot, 2020; Ranney et al., 2020) has reignited a debate about nationalization of strategic industries to ensure access to the supply of vital equipment. This has been accompanied by discussions about addressing skills shortages and regional skills gaps in the interests of securing national infrastructure, a circumstance that further exacerbates the debate around immigration and ethnic minorities in the workforce.

Human Capital and HRD: Developing Humans or Developing Resources?

The tension between “developing humans” and “developing resources” has long existed at the heart of Human Resource Development. Advocates for a human capital

approach to developing employees have long espoused the view that investment in employee competencies is required to meet an organization's strategic goals (Gaudet et al., 2017; Hooi, 2019; Sheehan & Shanahan, 2017). Such approaches identify value in leveraging human assets to enhance productivity and performance, thus increasing competitiveness and sustainability (Mitsakis & Aravopoulou, 2016). In these terms, employees are viewed for their utilitarian value as bundles of knowledge, skills and attributes that are subject to appreciation and depreciation and can be treated as simply another factor in the production process (Nafukho et al., 2004). This worldview recognizes the very significant power of capitalist markets and the instinctive drive within organizations to increase shareholder returns, profits, market share, and employee productivity at minimum cost (McGuire et al., 2005). Indeed, Sambrook (2012) argues that this hard, calculative performance-based approach simply reduces human worth to economic output in the pursuit of corporate and capitalist goals.

This resource-based stance has been countered by researchers promulgating a more humanistic, employee-centered approach to development. By recognizing that the employee experience of organizations is not unitary, such research has often set about documenting the structural inequalities that exist in the workplace and how power and privilege perpetuate oppression in the workplace (Bass, 2009; Bierema, 2010). Efforts at building more inclusive organizational cultures centered around shared values of justice and equality affirm the primacy of valuing and respecting human difference and attending to individual needs (Kormanik & Nwaoma, 2015). Indeed, such work broadens responsibilities of the field of HRD beyond a traditional focus on organizational development, training and development and career development (Collins, 2017). Within this broader context, development becomes an activity directed at expanding an individual's capacity to function as a mature, self-directing individual (Kuchinke, 2010) and the inherent legitimacy of HRD lies in an awareness of, respect for, and focus on individual human interests and capabilities.

Escaping from a resource-based view of employee worth opens up possibilities for advancing notions of democracy and social justice within organizations. It establishes space for promoting socially conscious practices within organizations through ethically responsible leadership and management (Bierema & D'Abundo, 2003). It also de-objectifies human labor within organizations and instils the notion of a corporate conscience (Ardichvili & Jondle, 2009) through which the rights of individuals and communities are respected and upheld. In this way, organizations can be guided by moral principles and values that shape organizational life, influence organizational activity and mold employee behavior (Hartman, 1996).

HRD and an Ethics of Care Approach

Tracing its roots to feminist moral theory, an ethic of care focuses on responding to individual needs through adopting an inter-relational approach (Carmeli et al., 2017). Baier (1987, p. 721) describes care as "a felt concern for the good of others and community with them." As such, an ethics of care approach challenges the orthodoxy of free-market capitalism and excessive individualism and recognizes that HRD practice needs to be informed by ethical values and social and moral responsibility that places

humans at the center of critical decision-making (Armitage, 2018). Moreover, care is understood as a generative intentional activity aimed at fostering growth, healing, empowerment, and self-actualization (Mayeroff, 1971). As such, Armitage (2018) argues that an ethics of care approach is rooted in an overriding emphasis on the fundamental importance of human life and the giving and receiving of care for oneself and others is a foundational aspect of the human experience.

Care is viewed as a critical foundation for learning and human development (Hamington, 2004; Nicholson & Kurucz, 2019). While learning has long been understood as a natural, ongoing and self-directed process (Burgoyne & Hodgson, 1983), HRD is deliberate and interventionist in directing learning toward the achievement of individual and organizational outcomes (Stewart, 1998). In so doing, Stewart argues that HRD can be an instrument of emancipation. A similar argument is advanced by Kuchinke (2010) who maintains that the practice of HRD lies at the interface between the public and the personal. He asserts that development is a responsibility that imposes obligations on the giver and the recipient. He sees development as assisting individuals and organizations to improve their ability to develop themselves and argues that individuals and organizations have responsibilities as stewards of their capabilities to advance themselves, communities, and society as a whole.

Exhibiting care in the workplace recognizes the need for employers to support the physical and mental wellbeing of staff not solely through formal policies and strategies, but through a contextual and personal approach that involves dialogue and recognizes the unique circumstances of individual employees. As such, Noddings (2013) argues that a key aspect of an ethics of care approach is that it is both proximal and contextual. She maintains that care is grounded in an understanding that people are endowed with an identity, situated in contexts, and embedded in relationships. For his part, Bauman (2011) contends that productive workplace relationships require an expression of care and an interest in the wellbeing of employees and stakeholders. Investing in the care of others demands both engagement and involvement, as well as a recognition of the complexity of individual situations (Bass, 2009). In a career context, Hite and McDonald (2020) identify the influence of social, work and family factors affecting how employees set priorities in relation to their work and life. A post-COVID work context may encourage employers to transform rather than reform work to create opportunities for employees to meet their individual needs in a new and different way. Moreover, employers can provide greater organizational identification through reassuring employee concerns about their safety and security and through designing work to deliver greater meaning and purpose (Bauman & Skitka, 2012).

An ethics of care approach also challenges employers to address social justice concerns in the workplace. Byrd (2018) asserts that social injustice refers to the repression of individual and civil rights, inhibiting an employee's learning capacity in the workplace. Caldwell (2017) argues that for employees to learn and perform effectively, they must be treated as valued partners and HRD practitioners must show a genuine commitment to their welfare and growth. He identifies HRD practitioners as ethical guardians in the workplace who have a duty to work for the employees' interests while also fulfilling their responsibilities to the organization. To discharge their role, Byrd (2014)

maintains that HRD practitioners must possess an ethical consciousness that drives them to create organizational cultures built around shared values of fairness, dignity, respect and justice. From this standpoint, Fine (2009) asserts that leadership behavior and decision-making should be shaped not by organizational demands, but by a consistent set of ethical standards.

Implications for HRD Practice

An ethics of care approach offers the opportunity for a readjustment of core HRD values, which in turn, may enable a redesign and transformation of work practices. The COVID-19 pandemic has been a significant trigger for change in organizational working practices. For many employees, working from home has gone from being a flexible benefit to being a necessity with the boundaries between family and work undergoing renegotiation and careful management. Helping employees to adjust to working from home safely and effectively is a first and critical priority for HRD practitioners. An ethics of care approach recognizes that the COVID-19 pandemic will undoubtedly have a significant impact on an employee's health, well-being and career and that helping employees to secure a favorable work-life balance is critical. Technological solutions are not a panacea here—rather, one-to-one relational work is needed to ensure employees feel connected, included and involved in a spatially-dispersed workplace. Indeed, Li et al. (2020) argue that this is an onus on HRD practitioners to prepare employees in developing new skills to meet a rapidly changing work context.

Embracing an ethics of care approach will offer an opportunity for the readjustment of HRD values. In doing so, HRD practitioners can work to uphold the value and integrity of all employees and display a genuine concern for the welfare of others—a key aspect of the AHRD professional standards on ethics and integrity (Academy of Human Resource Development [AHRD], 2020). By taking an active role in safeguarding the welfare of employees, HR practitioners can help to minimize the long-term physical and psychological effects of the crisis. In doing so, it is hoped that HRD may evolve as a field of applied practice to build sustainable, caring and healthy workplaces in a post-pandemic world.

Practically, how do organizations implement an ethics of care approach? We offer four suggestions. First organizational leaders need to foster a working environment built upon the pillars of compassion and care (Dutton et al., 2006; Guinot et al., 2020). Such workplaces value the open expression of emotion as fundamental to meeting the welfare needs of employees.

Second, an ethics of care approach argues that there is a responsibility on organizations to root out processes that masquerade as offering equal opportunities to all employees yet, in reality, such processes privilege productive labor and refuse to challenge occupational systems that perpetuate workplace inequalities. Third, organizational values need to exist as strategies for action, rather than simply statements of virtue. According to Kanov et al. (2004), values are systemic mechanisms enabling a collective response to pain and suffering within the organization. They argue that

organizational values can influence how individuals think, feel and act, building the collective capacity for action in response to individual circumstances. Fourth, it is incumbent upon organizations to develop an architecture that offers robust psychosocial support systems for all employees. A combination of centrally coordinated mechanisms and programs (Guinot et al., 2020) combined with tasking managers to regularly check on the welfare of individuals and teams will help organizations notice, feel and respond to employee pain and suffering.

Conclusion

The pandemic has shown that the capitalist system relies upon reproductive labor for its very survival, yet consistently undervalues this form of work. Indeed, recent decades have seen an increasing commodification of labor due to trends related to globalization and new technology (Rubery et al., 2018). Rhetoric suggesting that “we are all in this together,” which has been espoused by some political leaders (Guterres, 2020; House of Commons, 2020b; White House, 2020) reveals a lack of appreciation for the differential impact of the pandemic on diverse communities. It highlights the relative sheltered and privileged position of some groups and identifies social justice fault lines in how the pandemic disproportionately affects women and minority communities. An ethics of care approach recognizes the moral duty of HRD practitioners to protect the safety and wellbeing of all employees. As a field of practice focused on human development and human flourishing (Kuchinke, 2010), it is incumbent upon HRD to initiate a discussion on how we recognize and value care in the workplace. Such a discourse needs to examine how care in the workplace can be normalized as a natural human need. From a theoretical standpoint, this may involve expanding our understanding of HRD beyond its traditional foundations and adopting more humanistic approaches to safeguarding employee welfare and growth in the workplace.

The disruptive impact of COVID-19 offers the opportunity to renew HRD in line with frameworks such as the United Nations sustainable development goals (Zarestky & Collins, 2017). For too long, HRD has been complicit in managerialist agendas that have focused on resource optimization and the pursuit of sustainable competitive advantage to the exclusion of environmental and societal considerations (Adhikari, 2010; Clardy, 2008; Otoo et al., 2019). Indeed, it can be argued that investments in workplace learning have often been framed exclusively in terms of twin goals of increasing profit and performance (Park & Jacobs, 2011). An ethics of care approach brings individuals, organizations and communities together into a contextual relationship through which an ethical compass is used to guide decision-making based upon the needs of others (Haddock et al., 2010). Participation, inclusion, dialogue, and engagement are central to the process of transformative social change (Pettersen, 2008). Moreover, it urges organizations and HRD practitioners to readjust values systems to reassert the primacy of people over profit and self-interest. Taking time to look out for employees needs and safeguard their psychological health and wellbeing is a core responsibility of compassionate organizations.

Uncertain times often provide opportunities for reflection and curiosity (Reio, 2020). In a recent contribution, Bierema's (2020) invites us to "stop and carefully examine the ways we live, work, lead and learn" (p. 347). Through adopting an ethics of care approach, we can re-center the "human" at the heart of HRD. Doing so would advance HRD scholarship and practice through forging new standards for workplace justice and inclusion (Bierema, 2020). An ethics of care approach is useful as an alternative to androcentric theories of justice (Held, 2006; Tronto, 1989) and can be viewed as emancipatory, gender-neutral, and open to both women and men (Kennedy, 2016; Pettersen, 2008; Slote, 2007; Tronto, 1993). It strengthens and enhances human capacity for empathy and relationship through building responsiveness to the needs of others. By showing a genuine interest in workplace injustice and a willingness to take corrective action, HRD practitioners can become powerful advocates for the dismantling of systems of oppression that subjugate individuals on the basis of gender, race, sexual orientation, religion, ability, and social class.

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